



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E273438**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **13-02431**

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS **02** OBJECT STRUCK

DATE OF COLLISION **09 - 29 - 2013** TIME (2400) **1059** COUNTY # **31** MILES **0664** CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
S. DAVIES RD BLOCK NO. ☐ MILE POST ☐

DISTANCE **50** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **9TH PL SE**
FEET ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253771955**

LAST NAME **STIMA** FIRST NAME **JAMES** MIDDLE INITIAL **C**

STREET NEW ADDRESS **19330 LOCUST WAY**

CITY **LYNNWOOD** ST **WA** ZIP **980364802**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **STIMAJC186MF** STATE **WA** SEX **M** D.O.B. **07 - 06 - 1982**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AGJ6892** STATE **WA** VIN# **1FMZU74K74UB20002**

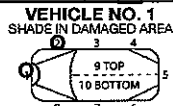
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **FORD** MODEL **EXPLR** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **FRANK STIMA 3302 114TH AVE SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 081 9709-F17-47C**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE





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CORRECTION

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ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		STIMA CHARLEY M																	
ADDRESS & PHONE #		19330 LOCUST WAY LYNNWOOD WA																	
SEX		F		D.O.B. MMDDYYYY		11		-		06		-		2009					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	6	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		RAMIREZ YOLANDA M																	
ADDRESS & PHONE #		1825 82ND DR NE LAKE STEVENS WA 98258																	
SEX		F		D.O.B. MMDDYYYY		05		-		08		-		1955					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		RAMIREZ ROGELIO R																	
ADDRESS & PHONE #		1825 82ND DR NE LAKE STEVENS WA 98258																	
SEX		M		D.O.B. MMDDYYYY		09		-		08		-		1981					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	4	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	

NARRATIVE

Unit 2 was traveling north on S.Davies Rd. Unit 1 was traveling south on S. Davies Rd. Unit 1 stated his rear wheel locked up causing vehicle to swerve. Driver of unit 1 over corrected and entered north bound lane striking unit 2 head on. Both units sustained front end damage. Both units driven from scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS		09-29-13 03:38 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY BOB SUMMERS 079		DATE 9/29/2013 4:16:31 PM	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
112	WA0311900	11:00 AM	11:06 AM



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NAME (LAST, FIRST, MIDDLE INITIAL)		RAMIREZ KIMBERLY C																	
ADDRESS & PHONE #		1825 82ND DR NE LAKE STEVENS WA 98258																	
SEX		F		D.O.B. MMDDYYYY		03		-		16		-		2008					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	5	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		RAMIREZ JESUS P																	
ADDRESS & PHONE #		1825 82ND DR NE LAKE STEVENS WA 98258																	
SEX		M		D.O.B. MMDDYYYY		02		-		04		-		2004					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	6	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		RAMIREZ JOHNATHON R																	
ADDRESS & PHONE #		8215 82ND DR NE LAKE STEVENS WA 98258																	
SEX		M		D.O.B. MMDDYYYY		08		-		30		-		2009					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	

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DATED		PLACE SIGNED	
APPROVED BY BOB SUMMERS 079		DATE 9/29/2013 4:16:31 PM	
BADGE OR ID #	112	ORI #	WA0311900
TIME POLICE DISPATCHED		11:00 AM	
TIME POLICE ARRIVED		11:06 AM	



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CASE # **13-02431**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		RAMIREZ ROGELIO J																
ADDRESS & PHONE #		1825 82ND DR NE LAKE STEVENS WA 98258																
SEX		M		D.O.B. MMDDYYYY		03		-		30		-		2006				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	1	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

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STEVE WARBIS

09-29-13 03:38 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

9/29/2013 4:16:31 PM

BADGE OR ID # **112**

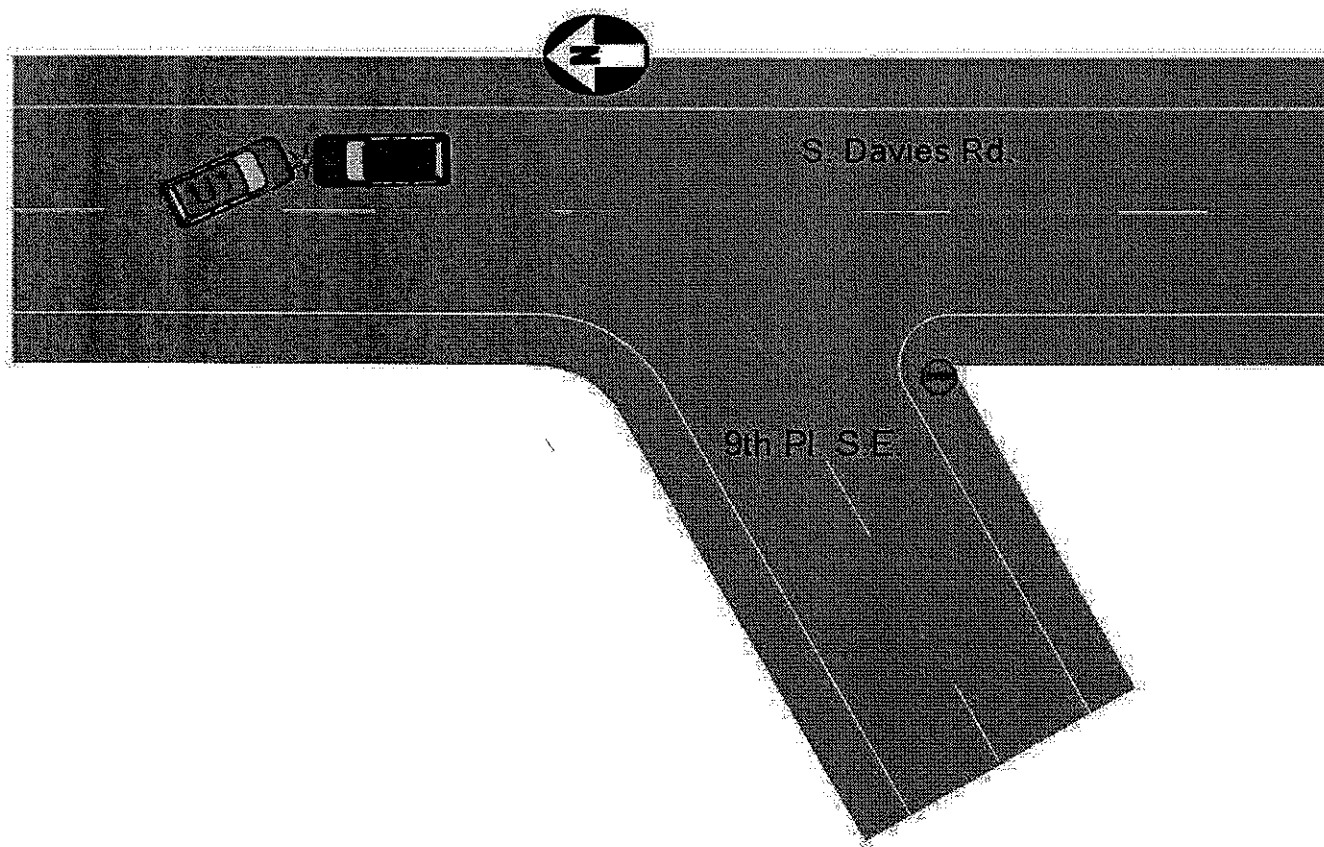
ORI # **WA0311900**

TIME POLICE DISPATCHED **11:00 AM**

TIME POLICE ARRIVED **11:06 AM**

PART B 3000-345-160 R (7/06)

PAGE **4** OF **5**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02431

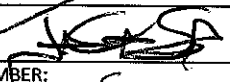
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Stima James	RACE W	ETH	SEX M	DOB 17-6-82	AGE 31	HGT 6-2	WGT 235	HAIR RED	EYES BIR
STREET ADDRESS 3302 114th Ave SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 1825377-1955		CELL PHONE (()) - (()) - (())		PLACE OF EMPLOYMENT Unemployed						
WORK PHONE		EMAIL ADDRESS Kinglocks@yahoo.com								

I, James Stima, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving down S. Davies Rd. jus before 9th pl. My truck tire siked up & I tried to correct it and hit a Gray SUV I turned around and got the Mans info. & gave him mine & Made sure everyone in the car is safe

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 9-24-13	LOCATION SIGNED Lake Stevens LSPD
OFFICER/NUMBER: S. WANKLER	DATE SIGNED 9-25-13	LOCATION SIGNED LAKE STEVENS P.D. ORIGINAL

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02431

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Ramirez V. Rogelio	RACE	ETH	SEX M	DOB 3-31-53	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 1000 S DAVIES RD #16		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-387-2774		CELL PHONE 425-508-9572		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, Rogelio Ramirez V., DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

P Yo Benia manejando ^{por micaril} y el otro carro se metio a mi carnil y ~~se~~ me choco.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Rogelio Ramirez V.	DATE SIGNED 9-29-13	LOCATION SIGNED LSPD
OFFICER/NUMBER: S-WANAS 112	DATE SIGNED 9-29-13	LOCATION SIGNED LAKE STEVENS P.D. ORIGINAL

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PAGE 1 OF 1

/1059	(SP0377)	ENTRY		, LANG BARRIER, STARTED TOP REPORT ACC, NOW OPEN LINE, TALKING WITH OTHER DRIVER? OCB VM, LOC FR OM ANI/ALI, WPH2 COF 8
/1100	(ROGER)	DISPER	SS1937	#SS112 WARBIS, OFFICER (STEVE)
/1101		ASSTER	SS1931	[9 PL SE/S DAVIES RD, LKS] #SS75 CHRISTENSEN, OFCR (CHAD)
/1106		ONSCNE	SS1937	
/1106		ONSCNE	SS1931	
/1113		OK	SS1931	, C4, N F C
/1113		OK	SS1937	, C4, N F C
/1113		CHANGE		TYP: 911 ----> ACC
/1123		ASNCAS	SS1937	\$SS13002431
/1124	(SS112)	REMINQ	SS1937	MDTWANT, STIMA, JAMES, C, 070682,,, WA,,,,,,,,,,,,,
/1136	(SS75)	CLEAR	SS1931	
/1151	(ROGER)	CLEAR	SS1937	D/H
/1151		CLOSE	SS1937	